FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

AUG 172005

FORM D

OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response 16.00



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
Section 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix		Serial			
DA.	TE RECEIV	ED			

1601100						
Name of Offering (check if this is a	n amendment and name	e has changed, and in	dicate change.)			
Series B Preferred Stock						
Filing Under (Check box(es) that apply):	☐ Ru	ile 504 🔲 I	Rule 505	Rule 506 Rule 506	☐ Section	1 4(6) ULOE
Type of Filing: X New F	iling 🗆 Amend	lment				
		A. BASIC IDENTI	FICATION DA	TA		## 1 Page
1. Enter the information requested abo	ut the issuer					
Name of Issuer (check if this is an a	nendment and name ha	as changed, and indica	ate change.)			
Innovative Spinal Technologies, In	c.					
Address of Executive Offices	(Num	ber and Street, City, S	state, Zip Code)	Telephone Num	ber (Including Ar	ea Code) 972.403.5544
2745 North Dallas Parkway, Suite 460	Plano, Texas 75093			•		
Address of Principal Business Operation (if different from Executive Offices)	(Number and Stree	t, City, State, Zip Coo	le)	Telephone Num	ber (Including Ar	ea Code)
Brief Description of Business						
Medical supplies provider.						I DANIE ARIAL BUILD BOLLD ACCOUNTS CARROLL STORY
Type of Business Organization						
	☐ limited partnersh	ip, already formed	other	(please specify):		
☐ business trust	☐ limited partnersh	ip, to be formed				05063789
		Month Ye	ear			00000109
Actual or Estimated Date of Incorporation	n or Organization:	June 20	02	Actual	☐ Estimated	•
Jurisdiction of Incorporation or Organiza	`	r U.S. Postal Service		State: DE		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

h

,		A. BASIC ID	ENTIFICATION DATA	A				
2. Enter the information requested for the following:								
 Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 								
Check Boxes that Apply:								
Full Name (Last name first, it	f individual)	<u> </u>						
Schorer, Scott								
Business or Residence Addre	ss (Number and Street, C	ity, State, Zip Code)						
c/o Innovative Spinal Te	chnologies, Inc., 2745	North Dallas Parkw	ay, Suite 460, Plano,	Texas 75093				
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, in	f individual)		•		,			
Peters, Mark								
Business or Residence Addre	ss (Number and Street, C	ity, State, Zip Code)						
c/o Innovative Spinal Te	chnologies, Inc., 2745	North Dallas Parkw	ay, Suite 460, Plano,	Texas 75093				
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner			
Full Name (Last name first, i	f individual)							
Sachs, Barton MD	,							
Business or Residence Addre	ss (Number and Street, C	ity, State, Zip Code)		• • • • • • • • • • • • • • • • • • • •				
c/o Innovative Spinal Te	chnologies, Inc., 2745	North Dallas Parkw	ay, Suite 460, Plano,	Texas 75093				
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner			
Full Name (Last name first, i	f individual)							
Hochschuler, Stephen M	D							
Business or Residence Addre	ss (Number and Street, C	ity, State, Zip Code)						
c/o Innovative Spinal Te	chnologies, Inc., 2745	North Dallas Parkw	ay, Suite 460, Plano,	Texas 75093				
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner			
Full Name (Last name first, i	f individual)			<u></u>				
Henley, Gary								
Business or Residence Addre	ss (Number and Street, C	ity, State, Zip Code)						
c/o Orthofix, Inc., 1720 I	Bray Central Drive, N	AcKinney, Texas 750	69					
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner			
Full Name (Last name first, i	f individual)		·					
Drees, Scott								
Business or Residence Addre	ss (Number and Street, C	ity, State, Zip Code)						
c/o Advance Neuromodu	lation Systems, Inc.,	6501 Windcrest Drive	e, Suite 100, Plano, T	exas 75024				
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner			
Full Name (Last name first, i	f individual)							
Huggins, Michael								
Business or Residence Addre	ss (Number and Street, C	ity, State, Zip Code)						
c/o Innovative Spinal Te	chnologies, Inc., 2745	North Dallas Parkw	ay, Suite 460, Plano,	Texas 75093				
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner			
Full Name (Last name first, i	f individual)							
Moll, Frederic								
Business or Residence Addre	ss (Number and Street, C	ity, State, Zip Code)						
c/o Innovative Spinal Technologies, Inc., 2745 North Dallas Parkway, Suite 460, Plano, Texas 75093								

Check Boxes that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individual)									
Synthes Spine Company, L.P.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
1609 Russell Road, Paoli, PA 19301									
Check Boxes that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first,	f individual)								
Advance Neuromodulat	ion Systems, Inc.								
Business or Residence Addre	ess (Number and Street,	City, State, Zip Code)							
6501 Windcrest Drive, S	suite 100, Plano, Tex	as 75024							
Check Boxes that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first,	f individual)								
Orthofix, Inc.									
Business or Residence Addre	ess (Number and Street,	City, State, Zip Code)							
1720 Bray Central Drive	e, McKinney, Texas	75069							
Check Boxes that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first,	f individual)								
TBI Holdings, Inc.									
Business or Residence Addre	ess (Number and Street,	City, State, Zip Code)							
6020 W. Parker Road, S	uite 200, Plano, Tex	as 75093							
Check Boxes that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first,	f individual)								
General Electric Compa	iny	1 miles - 1 mile	w and the						
Business or Residence Addre	ess (Number and Street,	City, State, Zip Code)							
3000 N. Grandview Blve	l., Waukesha, Wisco	nsin 53188							

1				В	. INFORM	ATION AB	OUT OFFE	RING				
1.	Has the issuer sold,	or does the issu	er intend to								Yes	No
	Answer also in Appendix, Column 2, if filing under ULOE.								×			
2.	What is the minimum investment that will be accepted from any individual?								<u>N/A</u>			
	Does the offering permit joint ownership of a single unit?								Yes	No		
		•	•								X	
1.	Enter the information similar remuneration associated person or dealer. If more than for that broker or de	for solicitation agent of a broke five (5) person	n of purchase ker or dealer	ers in conne registered v	ction with savith the SEC	ales of secur and/or with	ities in the or a state or sta	ffering. If a pates, list the n	person to be lis	ted is an ker or		
ull	Name (Last name fir	st, if individual)									
No	ne											
3us	iness or Residence Ac	ldress (Number	and Street,	City, State,	Zip Code)							
Var	ne of Associated Brok	ter or Dealer										
Stat	tes in Which Person L	isted Has Solic	ited or Inten	ds to Solicit	Purchasers							
Ch	eck "All States" or ch	eck individual	States)		• • • • • • • • • • • • • • • • • • • •			•••••		•••••		l All States
ΑI	.] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
M	Γ] [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
RI		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
Ful	Name (Last name fir	et if individual	.\									
	Traine (East name in	st, ii iiidividaai	.)									
	siness or Residence A	,		City, State,	Zip Code)							
	`	,		City, State,	Zip Code)							11.
Bus	`	idress (Number		City, State,	Zip Code)							
3us Var	iness or Residence A	ddress (Number	r and Street,									
Bus Nar	niness or Residence Ad	idress (Number cer or Dealer isted Has Solic	r and Street,	ds to Solicit	Purchasers							J All States
Bus Nar Star	ne of Associated Brokes in Which Person Leck "All States" or ch	idress (Number cer or Dealer isted Has Solic	r and Street,	ds to Solicit	Purchasers	[CT]	[DĒ]	[DC]	[FL]	[GA]	С	J All States
Bus Nar Star (Ch	me of Associated Brokes in Which Person Leck "All States" or ch	ddress (Number ker or Dealer isted Has Solic eck individual	r and Street,	ds to Solici	t Purchasers							
Star (Ch [IL]	ne of Associated Brokets in Which Person Leck "All States" or ch	ddress (Number ter or Dealer isted Has Solic eck individual [AZ]	r and Street, ited or Inten States)	ds to Solicit	Purchasers	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)
Bus Nar Stat (Ch [AL [IL]	tes in Which Person L eck "All States" or ch [[NK]	ddress (Number ter or Dealer isted Has Solic eck individual [AZ] [IA]	ited or Inten States) [AR]	ds to Solicit	Purchasers [CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	(ID) [MO]
Bus Nar Stat (Ch [AI [IL] [M' [RI]	tes in Which Person L eck "All States" or ch [[NK]	idress (Number cer or Dealer isted Has Solic eck individual [AZ] [IA] [NV] [SD]	ited or Inten States) [AR] [KS] [NH] [TN]	ds to Solicit [CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
Bus Nar Star (Ch [AI [IL] [M]	tes in Which Person Leck "All States" or chall [IN] [IN] [IN] [IN] [IN] [INE] [INE] [INE]	isted Has Solic eck individual [AZ] [IA] [NV] [SD] st, if individual	ited or Inten States) [AR] [KS] [NH] [TN]	ds to Solicit [CA] [KY] [NJ] [TX]	I Purchasers [CO] [LA] [NM] [UT]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
Bus Nar Stat (Ch [AI [IL] [M' [RI]	me of Associated Broketes in Which Person Leck "All States" or charge [IN] [IN] [IN] [IN] [IN]	isted Has Solic eck individual [AZ] [IA] [NV] [SD] st, if individual	ited or Inten States) [AR] [KS] [NH] [TN]	ds to Solicit [CA] [KY] [NJ] [TX]	I Purchasers [CO] [LA] [NM] [UT]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
Bus Nar Star (Ch [AI [IL] Full	tes in Which Person Leck "All States" or chall [IN] [IN] [IN] [IN] [IN] [INE] [INE] [INE]	isted Has Solic eck individual [AZ] [IA] [NV] [SD] st, if individual	ited or Inten States) [AR] [KS] [NH] [TN]	ds to Solicit [CA] [KY] [NJ] [TX]	I Purchasers [CO] [LA] [NM] [UT]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
Star Star (Ch [AI [IL] Full	tiness or Residence Adme of Associated Brokes in Which Person Leck "All States" or charge [IN]	isted Has Solic eck individual [AZ] [IA] [NV] [SD] st, if individual	ited or Inten States) [AR] [KS] [NH] [TN]	ds to Solicit [CA] [KY] [NJ] [TX]	I Purchasers [CO] [LA] [NM] [UT]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
Nar Ch AL IL] M' RIJ	tiness or Residence Adme of Associated Brokes in Which Person Leck "All States" or charge [IN]	isted Has Solice eck individual [AZ] [IA] [NV] [SD] st, if individual ddress (Number er or Dealer	ited or Inten States) [AR] [KS] [NH] [TN]	(CA) [KY] [NJ] [TX] City, State,	Purchasers [CO] [LA] [NM] [UT] Zip Code)	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
Star Ch AI IL] M' RI Star	tiness or Residence Adme of Associated Broketes in Which Person Leck "All States" or charge [IN] [IN] [IN] [NE] [NE] Name (Last name first siness or Residence Adme of Associated Broketes	isted Has Solic eck individual [AZ] [IA] [NV] [SD] st, if individual ddress (Numbe	ited or Inten States) [AR] [KS] [NH] [TN]	(CA) [KY] [NJ] [TX] City, State,	[CO] [LA] [NM] [UT] Zip Code)	[CT] [ME] [NY] [VT]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	(HI] [MS] [OR] [WY]	[ID] [MO] [PA]
Bus Nar Stat (Ch [AI] [III] Bus Nar Stat (Ch	tes in Which Person L eck "All States" or ch [IN] [IN] [IN] [INE] [INE] [INE] I Name (Last name fir siness or Residence Ar me of Associated Brol tes in Which Person L leck "All States" or ch	isted Has Solic eck individual [AZ] [IA] [NV] [SD] st, if individual ddress (Numbe	ited or Inten States) [AR] [KS] [NH] [TN]	(CA) [KY] [NJ] [TX] City, State,	[CO] [LA] [NM] [UT] Zip Code)	[CT] [ME] [NY] [VT]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	(HI] [MS] [OR] [WY]	(ID) [MO] [PA] [PR]
Bus Nar Stat (Ch [AI [III] Full Bus Stat (Ch [AI	tiness or Residence Adme of Associated Broketes in Which Person Leck "All States" or charge [IN] [IN] [IN] [INE] [INE	isted Has Soliceck individual [AZ] [IA] [NV] [SD] st, if individual ddress (Number	ited or Inten States) [AR] [KS] [NH] [TN] or and Street, ited or Inten States)	[CA] [KY] [NJ] [TX] City, State,	[CO] [LA] [NM] [UT] Zip Code)	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [VA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Bus Nar Stat (Ch [AL [IL] [M] Full Bus Nar	tiness or Residence Adme of Associated Brokes in Which Person Leck "All States" or charge [IN] [IN] [IN] [IN] [IN] [INE] [IN]	isted Has Soliceck individual [AZ] [IA] [NV] [SD] st, if individual ddress (Number	ited or Inten States) [AR] [KS] [NH] [TN] r and Street, ited or Inten States) [AR]	ds to Solicit [CA] [KY] [NJ] [TX] City, State,	[CO] [LA] [NM] [UT] Zip Code)	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [VA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI) [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate	Amount Already
		Offering Price	Sold
	Debt	s	\$
	Equity	\$	\$ 20,000,000
	□ Common ⊠ Preferred	74,401,134	20,000,000
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$74,461,154	\$20,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
			Aggregate
		Number	Dollar Amount
		Investors	of Purchases
	Accredited Investors	23	\$20,000,000
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)	0	\$0
	Answer also in Appendix, Column 4, if filing under ULOE.		<u> </u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
		Type of	Dollar Amount
		Security	Sold
	Type of Offering		
	Rule 505	0	\$0
	Regulation A	0	\$0
	Rule 504		\$ 0
	Total		\$ 0
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the	<u>U</u>	4
4.	securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	×	\$117,337
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Finders' Fees		\$
	Other Expenses (Identify)		\$
	Total	\boxtimes	\$117,337

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS		
b. Enter the difference between the aggregate offering price given in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the			\$ <u>74,343,817</u>
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used shown. If the amount for any purpose is not known, furnish an estimate and check the box to the total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response above.			
	Payment to		
	Officers, Directors, &		Payment To
	Affiliates		Others
Salaries and fees	□ \$	□ \$	
Purchase of real estate	□ \$	□ \$	<u>. </u>
Purchase, rental or leasing and installation of machinery and equipment	□ \$	□ \$	
Construction or leasing of plant buildings and facilities	□ \$	□ \$	***************************************
Acquisition of other businesses (including the value of securities involved in this offering that			
may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$	□ \$	
Repayment of indebtedness	□ \$	□ \$	
Working capital	□ \$	⊠ \$_	74,343,817
Other (specify):	□ \$	□ \$_	
	□ \$	□ \$	
Column Totals	□ \$	□ \$_	74,343,817
Total Payments Listed (column totals added)	☒ \$	74,343,	817

D. FEDERAL SIGNATURE							
The issuer had duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.							
Issuer (Print or Type)	Signature	Date					
Innovative Spinal Technologies, Inc.	aft for	8/12/05					
Name of Signer (Print or Type)	Title of Signer (Print or Type)						
Scott Schorer	President						

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STA	TE SIGNATURE						
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?							
	See Appendix, C	olumn 5, for state response.						
2.	2. The undersigned issuer hereby undertakes to furnish to the state administrator of any state in which the notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.							
3.	3. The undersigned issuer hereby undertakes to furnish to any state administrators, upon written request, information furnished by the issuer to offerees.							
4.	. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.							
	e issuer has read this notification and knows the contents to be true and has d son.	uly caused this notice to be signed on its behalf by the undersign	ed duly authori	zed				
Iss	uer (Print or Type) Sign	nature	Date					
	novative Spinal Technologies, Inc. me (Print or Type) Titl	e (Printor Type)	8/12/0.	5				
		-						

President

Scott Schorer

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.